## 2002 MICHIGAN Single Business Tax Annual Return

Issued under authority of P.A. 228 of 1975. See instruction booklet for filing guidelines.

| ▶ 1. This return is for calendar year 2002 or for the following tax year  | ▶ 5. Federal Employer ID No. (FEIN) or TR No.     |            |
|---|---|------------|
| Beginning Date Ending Date  |   |            |
| month year month year   | L   |            |
|   | 6a. Check this box if address is new              |            |
| 2. Name (Type or Print)   | b. Check this box if discontinued                 |            |
|   | Effective date of discontinuance                  |            |
| d/b/a   | 7. Business Start Date                            |            |
| Chroat Address  | D. Bistol B. Com A.C. V                           |            |
| Street Address  | Principal Business Activity                       |            |
| City, State, ZIP  | 9. Organization Type (check one)                  |            |
| ▶ 3. Check this box if filing a Michigan consolidated return.   | a. Individual b. Fiduciary                        |            |
|   | C. Professional Corporation d. S Corporation      |            |
| Enter authorization number  | e. Other Corporation f. Partnership/LLC-Partnersh | nip        |
| ▶ 4. Check this box if you are a member of a controlled group (see instructions).   | g. Limited Liability Company-Corporation          |            |
| Check this box if you DO NOT need a book mailed to you ne   |   |            |
|   |   | <u> </u>   |
| 10. Gross receipts  |   | 00         |
| 11. Business income. Filers using the Short-Method, go to C-8000S,  | line 9 ▶ 11.                                      | .00        |
| COMPENSATION  12. Salarian wagge and other navments to ampleyons  | . 12  |            |
| 12. Salaries, wages and other payments to employees   |   |            |
| 13. Employee insurance plans - health, life   |   |            |
| 14. Pension, retirement, profit sharing plans   |   |            |
| <b>15.</b> Other payments - supplemental unemployment benefit trust, etc  |   | 00         |
| 16. Total Compensation. Add lines 12 - 15   |   | .00        |
| ADDITIONS - to the extent deducted in arriving at business inco   |   |            |
| 17. Depreciation and other write-off of tangible assets   |   |            |
| <b>18.</b> Taxes imposed on or measured by income, e.g., city, state, foreig  |   |            |
| 19. Single business tax   |   |            |
| 20. Dividends, interest and royalty expenses  |   |            |
| 21. Capital loss carryover or carryback   |   |            |
| 22. Net operating loss carryover or carryback   |   |            |
| 23. Gross interest and dividend income from bonds and similar obligations and the relition |   |            |
| issued by states other than Michigan and its political subdivisions   | <u> </u>  |            |
| 24. Any deduction or exclusion due to classification as FSC or similar  |   |            |
| classification and expenses of financial organizations, see inst  |   |            |
| <ul><li>25. Losses from partnerships. Account no.</li><li>26. Total Additions. Add lines 17 - 25</li></ul>  | <b>&gt; 25</b>                                    | 00         |
| 27. <b>Subtotal</b> . Add lines 11, 16 and 26   |   | .00<br>.00 |
| SUBTRACTIONS  | 27  | .00        |
| <b>28.</b> Dividends, interest and royalty income included in business incom  | ne <b>\ 20</b>                                    |            |
| 29. Capital losses not deducted in arriving at business income  |   |            |
| <b>30.</b> Income from partnerships included in business income,  |   |            |
| •   | <b>&gt; 30.</b>                                   |            |
| 31. Total Subtractions. Add lines 28 - 30   |   | .00        |
| TAX BASE  | 31.   |            |
| 32. Tax Base. Subtract line 31 from line 27   | 22  | .00        |
| 33. Apportioned Tax Base. Multiply line 32 by % from  | m C-8000H. line 16 or 19 32.                      | .00        |
| 70 101  |   |            |
| 62. PAYMENT. Enter amount from page 2, line 58  | PAY THIS AMOUNT > 62.                             | .00        |
| MATHORIT DAYMENT Moil refuge to   |   |            |

WITHOUT PAYMENT - Mail return to:



Michigan Department of Treasury P.O. Box 30059 Lansing, MI 48909 **WITH PAYMENT** - Pay amount on line 62 and mail check and return to:



Michigan Department of Treasury Department 77375 P.O. Box 77000 Detroit, MI 48277 Make checks payable to "State of Michigan." Print the FEIN on the front of the check. Do not staple the check to the return.

| C-8000. | Page | 2 |
|---------|------|---|
|         |      |   |

| Federal Employer Identification | Number |  |
|---------------------------------|--------|--|

| TAX BASE  |                          |   |  |             |                          |
|---|--------------------------|---|--|-------------|--------------------------|
| 34.Enter amount from line 32 or 33, whichever applies   |                          |   |  | 34          | .00                      |
| ADJUSTMENTS   |                          |   |  |             |                          |
| 35. Recapture of capital acquisition deduction from   | C-8000D, line 19         |   | <b></b>                                | 35          | .00                      |
| 36. ADJUSTED TAX BASE BEFORE loss deduction   |                          |   |  |             | 00                       |
| Add line 34 and line 35. If line 35 is negative, su   |                          |   |  |             |                          |
| If negative, this is a business loss carryforward; 37. Business loss deduction  | -                        | _   |  |             |                          |
| 38. Adjusted Tax Base Before Statutory Exempt   |                          |   |  |             |                          |
| STATUTORY EXEMPTION - Complete and att  |                          |   |  |             |                          |
| 39. Allowable statutory exemption, from C-8043, line  | e 16                     |   |  | 39          | .00                      |
| 40. Adjusted Tax Base. Subtract line 39 from line   | 38. Check if C-8000G i   | s attached • a  |  | 40          | .00                      |
| REDUCTIONS, NONREFUNDABLE CREDITS   | S, AND TAX               |   |  |             |                          |
| 41. Reduction to adjusted tax base, if applicable. Se   | ee instructions for Form | n C-8000S   |  | 41          | .00                      |
| Check the method being used: ▶ ☐ Comp   |                          | ·   | ceipts Re                              | duction.    | ,                        |
| 42. Taxable base. Subtract line 41 from line 40. If the   | -                        |   |  | 40          | .00                      |
| enter the amount from C-8000S, line 14  |                          |   |  |             |                          |
| If you are not taking the Investment Tax Cred   |                          |   |  |             |                          |
| 44. Tax After Investment Tax Credit. Enter the an   |                          |   |  |             | .00                      |
| The small business and contribution credits are   |                          |   |  |             |                          |
| C-8009 before continuing. If not filing a C-8000C   | •                        |   | -                                      |             | , allu/oi                |
| 45. Enter the amount from C-8000, line 44, C-8000   | C, lines 19, 26 or 36 or | C-8009, line 33 or 34   |  | 45          | .00                      |
| 46. Unincorporated/S Corp. credit. Multiply line 45 b   |                          |   |  | -           |                          |
| 47. Nonrefundable credits from C-8000MC, line 75  |                          |   |  | _           | 00                       |
| 48. Add lines 46 and 47   |                          |   |  |             |                          |
| 49. Tax After Nonrefundable Credits. Subtract lin   |                          |   |  | 49          |                          |
| PAYMENTS, REFUNDABLE CREDITS AND  | TAX DUE                  |   |  |             |                          |
| 50. Overpayment credited from 2001  |                          | 50  | .00                                    | -           |                          |
| 51. Estimated tax payments  |                          |   | 00                                     | _           |                          |
| 52. Tax paid with request for extension   |                          |   |  | _           |                          |
| 53. Refundable credits from C-8000MC, line 12  54. Total. Add lines 50 - 53   |                          |   |  | -           | .00                      |
| <b>55.</b> TAX DUE. Subtract line 54 from line 49. If less  |                          |   |  |             |                          |
| 56. Underpaid estimate penalty and interest from C  | · ·                      |   |  |             |                          |
| 57. Annual return penalty at% =   | .00 and interest =       | .00   | <u>)</u>                               | 57          | .00                      |
| 58. Payment Due. Add lines 55 - 57. Enter this an   |                          |   |  |             | .00                      |
| OVERPAYMENT - REFUND OR CREDIT FO   |                          |   |  |             | 00                       |
| 59. Overpayment. Subtract line 49, and any penalt   |                          |   |  |             |                          |
| <ul><li>60. Enter the amount of overpayment on line 59 to</li><li>61. Enter the amount of overpayment on line 59 to</li></ul> |                          |   |  |             |                          |
| <b>61.</b> Enter the amount of overpayment on line 59 to  | De credited forward      |   | ······································ | 01          |                          |
| TAXPAYER'S DECLARATION  I declare under penalty of perjury that this return is true and correct knowledge.                    | ct to the best of my     | PREPARER'S DECL  I declare under penalty of pof which I have any knowle | perjury that th                        |             | based on all information |
| I authorize Treasury to discuss my return with my preparer.   | Yes No                   | Preparer's Signature  |  |             |                          |
| Taxpayer's Signature  | _                        | Print or Type Preparer's Nar  | me                                     |             | Date                     |
| Print or Type Toyneyer's Name   | Date                     | Puninana Address Dhan   | nd Idantificati                        | ion Nurses  |                          |
| Print or Type Taxpayer's Name   |                          | Business Address, Phone a   | na identificati                        | IOII INUMBE | 1                        |
| Title   | <u>I</u>                 | -   |  |             |                          |